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CONFIRMATION NO. 8148

SERIAL NUMBER 10/705,874	FILING DATE 11/13/2003 RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 001107.00391
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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/426,406 11/15/2002 *LLM*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 5	TOTAL CLAIMS 58	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *Lana Modell* Examiner's Signature *LLM* Initials

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TITLE
 Digital karyotyping

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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